


**Electronic Filing System (EFS) Data**  
**Electronic Patent Application Submission**  
**USPTO Use Only**

EFS ID:	58179	
Application ID:	10708907	
Title of Invention:	HIGH MOBILITY PLANE CMOS SOI	
First Named Inventor:	Brent Anderson	
Domestic/Foreign Application:	Domestic Application	
Filing Date:	2004-03-31	
Effective Receipt Date:	2004-03-31	
Submission Type:	Utility Patent Filing	
Filing Type:	new-utility	
Confirmation number:	2906	
Attorney Docket Number:	BUR920030160US1	
Total Fees Authorized:	1496.0	
Payment Category:	Deposit Account	
Deposit Account Number:	90456	
Deposit Account Name:	William D. Sabo	
RAM Payment Status:	RAM has not been processed	

Digital Certificate Holder: cn=William D. Sabo,ou=Registered Attorneys,ou=Patent and Trademark  
Office,ou=Department of Commerce,o=U.S. Government,c=US  
Certificate Message Digest: 087ff97948ef1b5689d8bd8c6e8811e042a76139

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

03/31/2004 HDENESS1 00000032 090456 10708907

01 FC:1001	770.00 DA
02 FC:1201	344.00 DA
03 FC:1202	342.00 DA

PTO-1556

(5/87)

1 8 15 21 26 29 34

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10708907

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	34	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	34 minus 20 =	* 19
INDEPENDENT CLAIMS	7 minus 3 =	* 4
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
X\$18=	342
X86=	344
+290=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	